UNITED NATIONS **DP**

Executive Board of the United Nations Development Programme and of the United Nations Population Fund

Distr.
GENERAL

DP/FPA/NER/5
13 August 2001

ORIGINAL: ENGLISH

Second regular session 2001
10 to 14 September 2001, New York
Item 7 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Niger

Proposed UNFPA assistance:	$6.3 million, $3.8 million from regular resources and $2.5 million from co-financing modalities and/or other, including regular, resources
Programme period:	Two years (2002-2003)
Cycle of assistance:	Fifth
Category per decision 2000/19:	A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	2.4	2.5	4.9
Population and development strategies	1.2	-	1.2
Programme coordination and assistance	0.2	-	0.2
Total	3.8	2.5	6.3

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NIGER

INDICATORS RELATED TO ICPD & ICPD+5 GOALS*

		Thresholds*
Births with skilled attendants (%)[1]	15	≥60
Contraceptive prevalence rate (%)[2]	4	≥55
Proportion of population aged 15-24 living with HIV/AIDS (%)[3]	1.22	≤10
Adolescent fertility rate (per 1,000 women aged 15-19)[4]	198.5	≤65
Infant mortality rate (per 1,000 live births)[5]	115	≤50
Maternal mortality ratio (per 100,000 live births)[6]	590	≤100
Adult female literacy rate (%)[7]	7	≥50
Secondary net enrolment ratio (%)[8]	53	≥100

***AS CONTAINED IN DOCUMENT DP/FPA/2000/14 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 2000/19.**

1/ Electronic database, World Health Organization, December, 1999.
2/ United Nations Population Division, *Levels and Trends of Contraceptive Use as Assessed in 1998* (1999).
3/ UNAIDS, *Report on the Global HIV/AIDS Epidemic*, June 2000.
4/ United Nations Population Division, *World Population Monitoring, 2000: Population, gender and development* (forthcoming).
5/ United Nations Population Division, *World Population Prospects: The 1998 Revision*.
6/ The World Bank, *World Development Indicators, 2000*.
7/ UNESCO, *Education for All: Status and Trends* series (1997, 1998, 1999 editions).
8/ UNIFEM, *Targets and Indicators: Selections from Progress of the World's Women* (2000), based on 1999 data from UNESCO.

Two dashes (--) indicates that data are not available.

Demographic Facts

Population (000) in 2001	11,227	Annual population growth rate (%)	3.63
Population in year 2015 (000)	18,482	Total fertility rate (/woman)	8.00
Sex ratio (/100 females)	102	Life expectancy at birth (years)	
Age distribution (%)		Males	45.9
Ages 0-14	49.9	Females	46.5
Youth (15-24)	19.5	Both sexes	46.2
Ages 60+	3.3	GNP per capita (U.S. dollars, 1998)	200

Sources: Data are from the Population Division, Department of Economic and Social Affairs of the United Nations, *World Population Prospects: The 2000 Revision, Highlights;* GNP per capita is for the year 1998 from the UNDP, *Human Development Report 2000*, based on World Bank data (World Bank Atlas method).

N.B. The data in this fact sheet may vary from the data presented in the text of the document.

1. The United Nations Population Fund (UNFPA) proposes to support the first phase (2002-2003) of a comprehensive population programme, covering the period 2002-2006, to assist the Government of Niger in achieving its population and development objectives. The programme has been developed for a five-year period, in accordance with government goals and planning, but is seeking funding only for a two-year first phase in order to harmonize and synchronize the programme cycle with that of other agencies of the United Nations Development Group (UNDP) working in Niger. It is then expected that the programme will be extended from 2004 through 2006. UNFPA proposes to fund the first phase (2002-2003) in the amount of $6.3 million, of which $3.8 million would be programmed from UNFPA regular resources to the extent that such resources are available. UNFPA would seek to provide the balance of $2.5 million from co-financing and/or other modalities. The expected second phase (2004-2006) would require $14.2 million, of which $9.2 million would come from regular funds and $5 million from co-financing and other funding arrangements. Niger is classified as a "Category A" country in terms of UNFPA resource allocation criteria. This would be the Fund's fifth programme of assistance to Niger.

2. The proposed programme was formulated in close consultation with governmental and non-governmental organizations, donors and United Nations agencies. The five-year programme takes into account the overall theme of poverty reduction and the strategies agreed upon by the United Nations country team in the context of the Common Country Assessment (CCA), which was elaborated in 1999 with full UNFPA involvement and updated in 2000, and the United Nations Development Assistance Framework (UNDAF), which covers the period 2002-2006. The programme is based on the national population policy of 1992 and the overall government policy statement of 2000. It also takes into account the lessons learned from the four preceding programmes and the programme evaluation conducted from August to November 2000. Finally, the programme is consistent with the national strategy of poverty alleviation being finalized by the Government for the period 2002-2006.

3. Within the context of the national poverty alleviation programme in Niger, the long-term goal of the fifth country programme would be to contribute towards achieving the Government's objectives in reducing poverty and improving living standards and conditions. Emphasis will be on reproductive health, interrelations between population and development, and gender equity and equality.

4. The proposed programme was developed within the framework of a human rights approach. All the activities under the proposed programme, as in all UNFPA-assisted activities, would be carried out in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. The population of Niger was estimated at more than 10.7 million in 2000. With an annual growth rate of just over 3 per cent, the population is projected to double by 2025.

6. Despite the renewed political stability and the endeavours of the democratically elected government, the country still suffers from a persistent economic crisis. The situation was worsened by a relatively poor 2000 harvest. The threat of famine is a serious one to a population already living in precarious conditions; women and children are especially vulnerable. Nationwide, 63 per cent of the population lives below the absolute poverty level, with women making up two thirds of this figure. The extremely rigorous living conditions have a clear negative impact on human development indicators: the country is listed as the penultimate country (173 out of 174) in the UNDP Human Development Report 2000.

7. Young people and adolescents represent a significant and highly vulnerable portion of the population. In Niger, young persons from 10 to 24 make up 29 per cent of the total population. With an increasing number of young people living on their own with only loose ties to their families, the educational system and the adult society at large, young people are confronted with sexual health-related problems at an early age. Use of contraceptive methods among youth is very low (1.3 per cent), and more than 33 per cent of adolescents have had a child before age 17.

8. The total fertility rate, at 7.5 children per woman in 2000, is among the highest in the world. Maternal mortality is a top priority in the country. Despite the efforts of national authorities in the past decade to improve the availability, accessibility and quality of maternal health care, the maternal mortality ratio has not significantly improved and remains at 593 deaths per 100,000 live births, with some studies indicating an even higher rate. In addition, sexually transmitted infections (STIs) and HIV/AIDS are in steady progress, particularly within the 24-35 age group.

9. As in most countries with high maternal mortality, basic medical complications, which make up to 80 per cent of the direct causes of death, could be prevented with improved access of pregnant women to adequate medical facilities before, during and after delivery. Statistics on the number of births attended by skilled health personnel show a decrease from 17.6 per cent in 1998 to 15.7 per cent in 2000. The use of modern contraceptive methods, although still limited, has doubled, reaching 4.6 per cent in 1998 compared to 2.3 per cent in 1992. However, the contraceptive prevalence rate dropped back slightly during 2000 to 4.3 per cent.

10. Gender inequality is a major contributor to the high level of poverty nationwide. Human development indicators show a clear gap between men and women in terms of

health, education and literacy. According to UNDP studies, the gender indicator rates 0.196 in Niger, well below the average of 0.560 in the developing world. Women in Niger play a crucial socio-economic role, especially in rural areas. Traditionally, women handle household tasks (from supplying water and wood to caring for the children) and production duties (gardening, harvesting and other agricultural activities). The burdens of this double role have a negative impact on their health, rights and ability to realize their full potential.

Previous UNFPA assistance

11. UNFPA's fourth country programme from 1998 to 2001 was budgeted at $13.1 million, of which $8.8 million was to come from UNFPA regular resources and $4.3 million from other sources. Under co-financing modalities, the programme received approximately $900,000 from the Netherlands and $400,000 from Luxembourg. Because of variations in UNFPA's own funds, the total budget available for the fourth country programme was $8.1 million. From 1998 to 2000, expenditures represented 90 per cent of the budget.

12. The goal of UNFPA programmes has been to contribute towards achieving the Government's population and development plans and improving the quality of life of the people. This has been accomplished through improved reproductive health information and services; mainstreaming population and gender equity and equality issues into development plans and programmes; and creating an enabling environment for the implementation of the national population policy and the promotion of gender equity and equality.

13. The implementation of the programme has led to several key milestones. Notably, it has led to the development of a national reproductive health policy and information, education and communication (IEC) strategy; the availability of reproductive health services of adequate quality in 40 per cent of the integrated health facilities in the regions of Dosso, Maradi, Tillabery and in the urban community area of Niamey; a better understanding of the interrelationships between population and development by parliamentarians, political and religious leaders, NGOs and other civil society associations; and an improved collaboration with development partners, NGOs and major Islamic and traditional leaders.

14. The main focus of the reproductive health subprogramme has been to enhance the availability and accessibility of quality reproductive health services. Through 113 integrated health centres, four counselling centres and eight "health huts", assistance has reached a third of the population. A total of 80 per cent of the health centres covered by the programme have integrated quality reproductive health services and are provided with adequate medical equipment. In addition, 355 agents for the community-based distribution of contraceptives and 376 mobile health teams for outreach services have been trained and supported. Awareness campaigns conducted through several projects have reached school pupils, young people and adolescents, women in rural areas, and religious and traditional leaders.

15. Despite these interventions, utilization of reproductive health services remains limited. Recommendations have been formulated for future programmes to consider, specifically: (a) young people's reproductive health needs; (b) full integration of contraceptives and condoms into the essential drug cost recovery system initiated in 2000; (c) revision of criteria to prescribe first-time oral contraception; (d) medical management of post-abortion complications; (e) family planning awareness campaigns aimed at young people; (f) introduction of the Norplant contraceptive method to all referring maternities in the country; and (g) decentralization with particular focus on five priority districts, as agreed upon with the Government, in order to achieve significant results in those areas.

16. In the areas of population and development, UNFPA has given support to the national population policy adopted in 1992. The first action plan to implement it was developed in 1996. Coordination of the various interventions in the field of population and development remains a concern. However, several hundred leaders have been trained in assessing the interrelations between population and development and the necessity of integrating population variables into policy development.

17. Since 1998, UNFPA has provided support to the census office. Due to political instability and lack of funding, the third national population and housing census had been postponed for three years, but it is now expected to be under way this year. The census will generate updated and reliable statistics for use in policy development and planning.

18. Gender-related support activities have achieved impressive results given the sociocultural environment prevailing in the country. In recent years, the Government has significantly improved the legal framework in favour of women. Parliament has ratified the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW); the Observatoire National pour la Promotion de la Femme (ONPF) has been set in motion country-wide; and laws mandating a minimum proportion of women at elected posts and at nominated high administration posts have been adopted. Gender concerns remain a priority.

Other external assistance

19. Cooperation with bilateral and international organizations suffered as a result of political instability. Cooperation with most partners had been re-established by the end of 2000 as demonstrated by the International Monetary Fund's Highly Indebted Poor Countries initiative agreement to reduce Niger's multilateral debt by half and to provide an additional $75 million for the years 2001 to 2003. Funding for reproductive health programmes is meagre, with UNICEF contributing $200,000 in 2001 and WHO a similar amount.

20. Although the European Commission has not contributed specifically to reproductive health programmes in Niger in the past, UNFPA has advocated successfully for Niger to be a priority for the expected European Commission-funded African adolescent reproductive health programme starting in 2002.

Proposed first phase (2002-2003) of country programme

21. UNFPA assistance would be channelled through two subprogrammes: reproductive health, including family planning and sexual health, and population and development strategies. Gender issues would be a particular emphasis of both subprogrammes. Advocacy would be mainstreamed in all activities undertaken by the two subprogrammes.

22. Reproductive health. The purpose of the reproductive health subprogramme is to contribute towards improving the utilization of quality reproductive health services by men and women and youth and adolescents. The activities would be geared particularly towards five districts within the regions of Dosso, Zinder and Agadez. Four outputs are expected: (a) increased accessibility to quality reproductive health services in the intervention zones; (b) strengthened management of reproductive health services at the central level and in the intervention zones; (c) increased demand for reproductive health services; and (d) strengthened service delivery points and mechanisms for provision of reproductive health services and information to adolescents and youth.

23. The basic strategy is to intervene both at the national level (for initiatives of national scope such as supply of contraceptives, mass communication, and research studies) and at the local level, with the establishment of integrated population and development, advocacy and reproductive health initiatives, including safe motherhood, in five districts. The geographical focus would enhance the impact of the programme and make the best use of available resources.

24. The first expected output – increased accessibility to quality reproductive health services in the intervention zones – would be achieved through the following measures: (a) integration of reproductive health services into the minimum package of services offered at health centres and the development of post-abortion health care; (b) reduction of sociocultural and legal barriers restricting access of adolescents and youth to reproductive health services; (c) extension and strengthening of community-based distribution and outreach strategies; (d) support for prevention of STIs and HIV/AIDS; (e) strengthening of the safe motherhood strategy, taking into consideration appropriate management of obstetrical complications, an improved reference and evacuation system, and the introduction of cost-recovery schemes; (f) strengthening community involvement and participation in the management and resolution of health problems; (g) human resource development; (h)

improvement of the technical capacity, both in terms of personnel and equipment of the health centres; (i) development and utilization of tools for activity management; (j) establishment of community-based health-care mechanisms; and (k) enhancement of the logistics of securing reproductive health commodities through reinforced integration of contraceptives into the essential drugs system. Some indicators to monitor progress and measure results would include contraceptive prevalence, STI and HIV/AIDS prevalence, percentage of antenatal care visits, percentage of births assisted by skilled personnel and contraceptive use among adolescents.

25. The second output – strengthened management of reproductive health programmes at the central level and in the intervention zones – will be attained by: (a) human resource development; (b) strengthening of the health information management system; (c) strengthening of coordination, monitoring and supervision of activities; (d) strengthening of planning and management of health districts; (e) involvement of communities in the management of reproductive health programmes; and (f) development and implementation of a strategic and operational framework for reproductive health.

26. The third output – increased demand for reproductive health services – would be bolstered by: (a) mobilization of communities around health projects; (b) strengthening of IEC activities; and (c) strengthening of advocacy vis-à-vis political and religious leaders. Indicators recording progress would include, among others, the percentage of population sensitized on reproductive health, the involvement of the local community in sensitization activities and the percentage of population utilizing reproductive health services.

27. The fourth output – strengthened reproductive health services and information for adolescents and youth – will be addressed through strengthening existing institutions to meet the needs of adolescents and youths; enhancing reproductive health services in schools, universities and youth organizations; and developing strategies to enlist peer educators, inside and outside of schools. Key indicators to measure progress would include the number of teachers and adolescents providing IEC services and the utilization of contraceptives by youth and adolescents.

28. Reproductive health commodity security. The Ministry of Health has estimated the cost of contraceptives needed by Niger for 2002-2006 at approximately $11.5 million. Since the departure of the United States Agency for International Development (USAID) from Niger in 1996, the bulk of Niger's contraceptive needs are being met by UNFPA and, to a limited extent, by the World Bank (approximately $500,000 in 2000). The cost of contraceptives for 2001-2002 ($3 million) will be met by the Department for International Development of the United Kingdom (DFID), with commodities supplied through UNFPA. In order to satisfy the need for contraceptives for the programme period (2002-2006), UNFPA has advocated for a wider mobilization of resources and diversification of donor partners. The integration

of contraceptives into the essential drugs system has allowed for improved management and availability of contraceptives. UNFPA, in partnership with other development agencies, would continue to assist the Government in ensuring the regular supply and availability of reproductive health commodities.

29. For the first phase (2002-2003) of the proposed country programme, an amount of $4.9 million has been allocated to the reproductive health subprogramme, with $2.4 million coming from regular resources and $2.5 million to be sought from co-financing agreements. An amount of $500,000 has already been secured from Luxembourg. The African Development Bank has been approached for up to $2 million from 2002 to 2006, and the European Union is expected to provide approximately $2 million for the African adolescent reproductive health programme over the same period.

30. Population and development strategies. The first purpose of the population and development strategies subprogramme is to ensure that due consideration is given to the interrelationship between population and development in the country's development programmes and strategies. This will be achieved through three outputs generated by the subprogramme, namely: (a) the review and integration of the national population policy into the strategies of the various development sectors; (b) the strengthening of institutional and technical capacities of the executing and implementing partners, at national and regional levels, for the design, coordination, implementation and monitoring and evaluation of population programmes; and (c) the updating and dissemination of quality population data and information.

31. The first output will be achieved through: (a) support for review and implementation of legal texts on population; (b) the sensitization of political leaders and opinion makers and the training of technical staff responsible for the design of national policies, programmes and strategies on the interrelations between population and development; (c) the sensitization of various target populations to promote changes in behaviour and attitudes related to population and development issues, including gender; and (d) advocacy to allow for an enabling environment conducive to population activities and gender equity and equality. Output indicators would include an updated population policy, an increase in the number of programmes having integrated population and development interrelations and gender considerations, and the number of legal texts and laws related to gender issues.

32. The second output will be achieved through technical and institutional capacity-building of the programme partners. Such work would entail training in the following areas: (a) the methodology of applied research in population and development planning; (b) the design, monitoring and evaluation methodology of population programmes; (c) the monitoring and coordination methodology for the design of population policies and the implementation of population programmes; (d) the methodology for the establishment of

integrated population and development information systems; (e) utilization of the connections between population and development for the purpose of advocacy, design and monitoring of population programmes; and (f) the provision of resources, equipment and technical assistance to the institutions in charge of population activities, including those for the promotion of women. Indicators monitoring progress would include the number of partner staff trained and the number of partner institutions taking into consideration gender issues and population policy objectives.

33. The third output would be achieved through the support for activities of research, collection and analysis of statistical data on population and development in order to facilitate the design, monitoring and evaluation of population programmes. The subprogramme proposes to support population and development data collection operations and to help establish an information system allowing proper management of population activities, with particular focus on reproductive health in the intervention zones. Further, it will aid the launch of new research projects on population and development; provide support for the third population and housing census; and push for the extensive use of existing population and development data. Output indicators would include the existence of an integrated information system on population issues, the availability of census data analyses and the launching of a number of research projects.

34. The second purpose of the population and development strategies subprogramme – to contribute to a reduction in gender inequities and inequalities – will generate four outputs: (a) inclusion of the gender approach in all ongoing development policies and programmes and in those to be formulated during the programme period; (b) creation of an enabling legal, administrative and economic environment for gender equality and equity; (c) the sensitization of political and opinion leaders about women's rights and international resolutions on women; and (d) the strengthening of governmental and non-governmental bodies in charge of women's promotion.

35. The first output will be achieved through the training of technical staff involved in national policies, programmes and strategies development and the sensitization of political leaders and opinion makers, as well as development project staff, on gender issues. Indicators would include the number of departments issuing gender-specific statistical data and the number of projects and programmes presenting purposes and outputs with due consideration to gender issues.

36. Proposals to enhance the legal framework governing gender equity and equality in Niger are the prime method of achieving the second output. In addition, advocacy to parliamentarians, government and top civil service officials on gender issues, as well as advocacy and monitoring of the implementation of the quota law at all levels are key to

success. Finally, advocacy for women's involvement in economic sectors, thus improving women's access to production factors and economic decision-making positions, is a goal.

37. The third output would be reached through the elaboration of a compendium of international resolutions on women's rights; the sensitization of political, traditional and religious leaders, as well as the media, on gender issues; and the support for study tours and participation in conferences on women's rights for traditional leaders and opinion makers.

38. The fourth output will be reached via: (a) the strengthening of the mechanisms and institutions handling women victims of violence; (b) technical support provided to institutions promoting women's income-generating activities; (c) financial and technical assistance given to government institutions in charge of gender issues; and (d) support for an information system and a documentation and training centre on gender issues.

Programme implementation, coordination, monitoring and evaluation

39. The Ministries of Finance and Planning are expected to play major roles in coordinating the programme. The reproductive health subprogramme will come under the responsibility of the Ministry of Health while the population and development strategies subprogramme is to be coordinated by the Ministry of Social Development. The implementation of the subprogrammes will be carried out mostly by national institutions demonstrating comparative advantages in line with the results of an institutional analysis currently under way.

40. The positive trends of the fourth country programme will be strengthened in the new cycle via increased participation of national actors in the design and implementation of projects; an effective decentralization of planning mechanisms, monitoring, coordination and management of projects; and a substantial increase in the Government's financial contribution towards complementary activities.

41. Innovative modalities for the coordination and monitoring of the programme will be identified. Managing for results will be the basis for the formulation, adoption, financing and implementation of any initiative supported by UNFPA, with precise and pre-determined indicators.

42. NGOs will be involved in the implementation and execution of the programme, particularly as potential partners in the provision of services and information to rural areas. Collaboration between UNFPA and NGOs will be in accordance with UNFPA management procedures and rules.

43. In accordance with the needs identified, and whenever national expertise is lacking, the implementing and executing partners will receive technical support from UNFPA's Technical Advisory Programme and/or other organizations. The activities of the subprogrammes will be supported by international and national experts, allowing results to be achieved through transfer of skills to national staff.

44. Finally, to avoid duplication and/or overlapping of activities financed by other partners operating in the same zones and the same areas of interest, periodic consultative and coordination meetings will be systematically organized at the local and central levels with the different actors involved.

45. The UNFPA Representative will be mandated to monitor the management of the country programme and to build national skills. The Representative will be assisted by the existing staff of five National Professional Project Personnel, one chief technical adviser, two programme officers, four administrative assistants, and two drivers, as well as additional staff as needed. Monitoring and evaluation, technical assistance and support activities will be carried out in conformity with UNFPA guidelines.

46. Quarterly, mid-year and annual monitoring programmes will be prepared to ensure proper management of the programme. Annual and mid-term reviews will be conducted to evaluate the implementation level and the problems encountered and to make only necessary adjustments. The first phase of the country programme will be reviewed and revised, if necessary, in 2003. The second phase of the country programme (2004-2006), taking into consideration the findings of the first phase review, will be submitted to the Executive Board in September 2003.

Recommendation

47. The Executive Director recommends that the Executive Board approve the proposed programme of assistance to the Government of Niger in the amount of $6.3 million for the first phase (2002-2003) of a comprehensive population programme, of which $3.8 million would be programmed from the Fund's regular resources, to the extent such resources are available. UNFPA will seek the balance of $2.5 million through co-financing arrangements and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of resources.

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